



THRIFT SAVINGS PLAN TRANSFER INFORMATION

TSP-70-T

Use this form to instruct the Thrift Savings Plan (TSP) to transfer all or a portion of your payment(s) to an Individual Retirement Arrangement (IRA) or other eligible retirement plan. **Read the instructions on the back before completing this form.** Type or print the information requested.

I. YOUR TRANSFER REQUEST

1. Name _____
Last First Middle
2. Social Security No. _____ 3. Date of Birth _____
Month Day Year
4. Address _____
Street address or box number
5. City _____ 6. _____ 7. _____
State/Country Zip Code
8. Daytime Phone (Area Code and Number) (_____) _____
9. Transfer _____ % of my single payment or of each monthly payment to the IRA or other eligible retirement plan designated below. (Specify the portion to be transferred in multiples of 5%, for example, 15%, 70%, 100%.)
10. _____ 11. _____
Participant's Signature Date Signed

II. INFORMATION FROM THE IRA OR OTHER ELIGIBLE PLAN

*To be completed by
financial institution/
plan administrator*

The financial institution or the plan administrator must ensure that the plan described in this section is an eligible retirement plan as defined in section 402(c)(8) of the Internal Revenue Code. An eligible retirement plan is: an Individual Retirement Arrangement (IRA), which is either an Individual Retirement Account or an Individual Retirement Annuity other than an endowment contract; a tax-qualified employee benefit plan; or an annuity plan described in section 403(a) of the Internal Revenue Code.

Do not submit transfer forms of financial institutions or plans.

12. Type of Account: ☐ IRA ☐ Other Eligible Retirement Plan (Provide plan name if you check this box.)
Plan Name: _____
13. Account Number _____
14. Make check payable to (plan trustee): _____
Limit response to 25 characters.
15. Mail to: _____
Name of institution or person, if different from Item 14
16. Attention of: _____
17. Address _____
Street address or box number
18. City _____ 19. _____ 20. _____
State Zip Code
21. Contact Person _____ 22. (_____) _____
Phone (Area Code and Number)

I confirm the accuracy of the information in this section and the identity of the individual named in Section I. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the TSP and deposit them in the IRA or other eligible retirement plan indicated above.

23. _____ 24. (_____) _____
Typed or Printed Name of Certifying Representative Phone (Area Code and Number)
25. _____ 26. _____
Signature of Certifying Representative Date Signed

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

To have all or part of your payment(s) from your TSP account transferred to an IRA or other eligible retirement plan, provide the information requested on the form. **Do not submit transfer forms of financial institutions or plans;** the TSP Service Office **cannot** accept them.

Please note that the IRA or plan to which the account is to be transferred must be a trust established inside the United States (i.e., the 50 states and the District of Columbia).

You must complete Section I. The financial institution or administrator of the plan to which you want the TSP to transfer your payment(s) must complete Section II. After both sections have been completed, make a copy of the form for your records. Mail the original form to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500
Telephone number: (504) 255-6000
TDD: (504) 255-5113

I. YOUR TRANSFER REQUEST

You must complete this section before giving this form to your financial institution or plan administrator.

1-8: Provide the requested information.

9: The percentage that you choose must be at least 5%. Some financial institutions and plans have minimum transfer amounts or may not accept monthly transfers. You should verify that your transfer choice will be accepted before completing this form.

II. INFORMATION FROM THE IRA OR OTHER ELIGIBLE PLAN

This section must be completed by the financial institution or plan administrator. The institution or plan should retain a copy of this form in order to identify the account to which the check should be deposited when it is received.

Note: If the transfer is to an IRA, the institution accepting the transfer should submit Form 5498 to the IRS.

12: Type Account. Indicate whether the transfer is to an IRA or other eligible retirement plan. If the transfer is to an other eligible retirement plan, provide the name of the plan.

13: Account Number. Enter the account number, if available, of the IRA or plan to which the money is to be transferred.

14: Take check payable to (plan trustee). Provide the exact name that should appear on the check. This should be the plan trustee. If the plan does not have a trustee, provide the name of the custodian of the plan. The check will be made payable to the name you provide on this line.

15-16: Provide the name of the institution and/or person to whom the check should be directed, if different from Item 14.

17-20: Provide the mailing address.

21: Contact Person. Provide the name of the person who will be able to give additional transfer information to the TSP if needed. If this person is the same as the person to whose attention the check should be mailed, you should again provide that person's name on this line.

22: Phone. Provide the contact person's telephone number.

23-26: Certification. The administrator of the financial institution or plan must complete these items.

PRIVACY ACT NOTICE. We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you give us to process the withdrawal of your TSP account. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this

information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.